

SERFF Tracking Number:	TRVA-125396784	State:	Arkansas
Filing Company:	The Standard Fire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	2007-12-0045A		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Wedding Protector Plan		
Project Name/Number:	Wedding Protector Plan/2007-12-0045A		

## Filing at a Glance

Company: The Standard Fire Insurance Company

Product Name: Wedding Protector Plan

TOI: 09.0 Inland Marine

Sub-TOI: 09.0006 Other Personal Inland Marine

Filing Type: Rate/Rule

SERFF Tr Num: TRVA-125396784

SERFF Status: Closed

Co Tr Num: 2007-12-0045A

Co Status:

Author: Ann Lavorgna

Date Submitted: 12/20/2007

State: Arkansas

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 12/26/2007

Disposition Status: Filed

Effective Date Requested (New): 02/14/2008

Effective Date Requested (Renewal):

Effective Date (New): 02/14/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Wedding Protector Plan

Project Number: 2007-12-0045A

Reference Organization:

Reference Title:

Filing Status Changed: 12/26/2007

State Status Changed: 12/26/2007

Corresponding Filing Tracking Number:

Filing Description:

Wedding Protector Rate Page

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Ann Lavorgna, Regulatory Analyst  
One Tower Square

AJLAVORG@travelers.com  
(860) 277-5466 [Phone]

<i>SERFF Tracking Number:</i>	<i>TRVA-125396784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Standard Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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<i>Project Name/Number:</i>	<i>Wedding Protector Plan/2007-12-0045A</i>		

Hartford, CT 06183 (860) 277-5204[FAX]

**Filing Company Information**

The Standard Fire Insurance Company	CoCode: 19070	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type: Property/Casualty
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-7395 ext. [Phone]	FEIN Number: 06-6033509	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	One Company
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Standard Fire Insurance Company	\$100.00	12/20/2007	17203596

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Becky Harrington	12/26/2007	12/26/2007

<i>SERFF Tracking Number:</i>	<i>TRVA-125396784</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Wedding Protector Plan</i>		
<i>Project Name/Number:</i>	<i>Wedding Protector Plan/2007-12-0045A</i>		

## Disposition

Disposition Date: 12/26/2007

Effective Date (New): 02/14/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRVA-125396784	State:	Arkansas
Filing Company:	The Standard Fire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	2007-12-0045A		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0006 Other Personal Inland Marine
Product Name:	Wedding Protector Plan		
Project Name/Number:	Wedding Protector Plan/2007-12-0045A		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC loss cost data entry document		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Ex Memo/Rate Page	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>TRVA-125396784</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>TRVA-125396784</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Standard Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Ex Memo/Rate Page		New	AR Filing Package for Rate-Rule.pdf



ARKANSAS WEDDING PROTECTOR PLAN  
THE STANDARD FIRE INSURANCE COMPANY

EXPLANATORY MEMORANDUM

We are introducing a new liability Form SE 200L (02-08), which includes 'Liquor Liability' coverage up to the liability limit. Customers will now have the option to buy liability coverage with or without 'Liquor Liability'. Effective date for this will be 02/14/2008. There is no renewal business for this program and hence this will be available only to new customers.

These changes will allow us to enhance the already existent 'Wedding Protector Plan'.

ARKANSAS WEDDING PROTECTOR PLAN  
THE STANDARD FIRE INSURANCE COMPANY

Rate Page

'Liquor Liability' coverage is based on the number of attendees/event size.

<b><u>Event Size</u></b> <b><u>(Number of Guests attending the Wedding)</u></b>	<b><u>Rate</u></b>
0-50	\$ 50.00
51-100	\$ 50.00
101-150	\$ 50.00
151-200	\$ 65.00
201-250	\$ 80.00
251-300	\$ 95.00
301-350	\$ 110.00
351-400	\$ 125.00
401 or more	Not Available

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	12/26/2007
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**Comments:**

**Attachments:**

~PC TD-1r-r.pdf

PC RRFS-1-AR.pdf

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>		12/20/2007
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>		12/20/2007
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				

## Property &amp; Casualty Transmittal Document

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name**

Travelers

**Group NAIC #**

3548

**4. Company Name(s)****Domicile****NAIC #****FEIN #****State #**

The Standard Fire Insurance Co.

CT

3548-19070

06-6033509

**5. Company Tracking Number**

2007-12-0045A

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ann Lavorgna One Tower Square Hartford, CT 06183	Regulatory Analyst	(860) 277-5466	(860) 277-5204	AJLAVORG@travelers.com
	One Tower Square Hartford, CT 06183		(860) 277-	(860) 277-	

7. Signature of authorized filer

*Ann Lavorgna*

8. Please print name of authorized filer

Ann Lavorgna

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Personal Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Wedding Protector Plan
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: February 14, 2008   Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	December 20, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2007-12-0045A
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We are introducing a new Liability Form, which includes 'Liquor Liability' coverage up to the liability limit. Customers will now have the option to buy liability coverage with or without 'Liquor Liability'.

There is no renewal business for this program, so it will be available only to new customers.

An Explanatory Memorandum and the rate page are attached.

The effective date is February 14, 2008.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="152 1396 277 1459"> <p>Check #:</p> <p>Amount:</p> </div> <div data-bbox="152 1713 1458 1776"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2007-12-0045A
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where Required)	Minimum % Change (where Required)
The Standard Fire Insurance Co.	0%	0%	0	0	\$0	0%	0%

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	0%	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	0%	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	0	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	0	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
<b>7.</b>	<b>Effective Date of last rate revision</b>	
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	

<b>9.</b>	<b>See Next Page</b>
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Ex Memo/Rate Page	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	